

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten Initials]</i>	7/531	12 22 00
O.I.P.E. CLASSIFIER	<i>[Handwritten Initials]</i>	11	1/5/00
FORMALITY REVIEW	<i>[Handwritten Initials]</i>	7/531	12 22 00
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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